PTO/SB/22 (10-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB number.

| PET   | ITION EC   | R EXTENSION C  | E TIME LINDER   | 37 CFR 1  | 136(a)              |                        | 761-7016         |  |
|---|--|--|---|---|---------------------|------------------------|------------------|--|
| 1-51  | THONT  | IN LATEROION C   | In re Application of  | Paul C. De  | enny, et al.        | <u> </u>               |                  |  |
|   |  |  | Application Number  | 09/929,29   |                     | Filed                  | 8/14/01          |  |
|   |  |  | For Saliva-Ba   |   | for Preventing      | and Asse               | essing the Risk  |  |
|   |  |  | Group Art Unit  | 1641  | Examiner            | Lisa \                 | /. Cook          |  |
| This reply  | is a reque:<br>in the abo  | st under the provision                                   | ons of 37 CFR 1.13  | 36(a) to exter  | nd the period fo    | or filing a            | <del>-</del>     |  |
|   |  | extension and appririod desired):                        | opriate non-small-  | entity fee are  | as follows          |                        |                  |  |
|   | X  | One month (37 C  | FR 1.17(a)(1))  |   |                     | •                      | \$110.00         |  |
|   |  | Two months (37   | CFR 1.17(a)(2))   |   |                     |                        | \$               |  |
|   |  | Three months (3  | 7 CFR 1.17(a)(3))   |   |                     |                        | \$               |  |
| 1   |  | Four months (37  | CFR 1.17(a)(4))   |   |                     |                        | \$               |  |
|   |  | Five months (37  | CFR 1.17(a)(5))   |   |                     |                        | \$               |  |
| ×   | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$55.00 |  |   |   |                     |                        |                  |  |
|   |  | k in the amount of t                                     |   |   |                     |                        |                  |  |
|   | Payme  | ent by credit card. F                                    | orm PTO-2038 is   | attached.   |                     |                        |                  |  |
| The Commissioner has already been authorized to charge fees in this application to a Deposit Account. |  |  |   |   |                     |                        |                  |  |
| X   | or cred  | dit any overpayment                                      | , to Deposit Accou  | y authorized to charge any fees which may be required, to Deposit Account Number 50-2518 referencing billing number nclosed for fee processing. |                     |                        |                  |  |
| la  | m the  | applicant/invento  | r   | •   |                     |                        |                  |  |
|   |  |  | ord of the entire interest. See 37 CFR 3.71. nder 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |   |                     |                        |                  |  |
|   | ×  | attorney or agent  | of record.  |   |                     |                        | •                |  |
|   |  | attorney or agent<br>Registration number                 | under 37 CFR 1.3 if acting under 37 CFR 1.3   | 34(a).<br><sup>4(a)</sup>   | ·                   |                        |                  |  |
| V   |  | Information on the don this form. P                      |   |   |                     |                        |                  |  |
|   | <del>1</del> eb.   | /8, 2003   |   |   | autointh            | <i>Hu</i><br>Signature | Whi'             |  |
| NUTLLA  | RI 0000003   | 502518 09929293  |   |   | Antoinette F. I     | Konski (Re             | eg No. 34,202)   |  |
|   | 110.00 CH  | • .  |   |   |                     | •                      |                  |  |
| NOTE  | E: Signatures  | s of all the inventors or a<br>ore than one signature is |   | he entire interes   | t or their represen | tative(s) are          | required. Submit |  |
|   | Total of   | forms are submitte                                       |   | •   |                     |                        |                  |  |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.